

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018494

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

93

Primary Registration District No.

Registrar's No.

62-25

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Dade

b. CITY (If outside corporate limits, give TOWNSHIP only)

Greenfield Mo.

Length of stay in 1b

1da

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

So Toney Ave

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Dade

Inside Limits

Yes ☐ No ☒

c. CITY
OR
TOWN

Greenfield Mo.

d. STREET
ADDRESS

So Highway 160

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

James

Arthur

Stivers

4. DATE OF DEATH

Month

Day

Year

April 30 1962

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

april 17 1912

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months ☐ Days ☐

IF UNDER 24 HR

Hours ☐ Min. ☐

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

labor

11. BIRTHPLACE (City and state or country)

Dade Co Mo.

12. CITIZEN OF WHAT COUNTRY

usa

13a. FATHER'S NAME

Tom Stivers

13b. MOTHER'S MAIDEN NAME

Mattie Ann Stivers

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

W W 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lee Stivers Greenfield Mo.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

died in sleep. Had been dead 8 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Was released from V.A. Hospital 3 day before.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Allison F. neral Home Greenfield Mo.

May 19, 1962

J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

6296

8290

3

4 0

5 3

6

7 0

8 2

97955

10

11

1270-3

13 1-0

MS MAY 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4504

P. O. Address Greenfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.